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TAKEN BEFORE THE

JUSTICE COMMITTEE

CRIME REDUCTION POLICIES: A CO-ORDINATED APPROACH?

WEDNESDAY 11 SEPTEMBER 2013

RT HON ALUN MICHAEL, KATY BOURNE and SUE MOUNTSTEVENS

DR ALISON FRATER, DR ÉAMONN O'MOORE, COUNCILLOR CLAIRE KOBER and COUNCILLOR JOANNA SPICER

Evidence heard in Public Questions 58–112

Oral Evidence

Taken before the Justice Committee

on Wednesday 11 September 2013

Members present:

Sir Alan Beith (Chair)
Steve Brine
Jeremy Corbyn
Nick de Bois
Mr Elfyn Llwyd
Andy McDonald
Yasmin Qureshi

Examination of Witnesses

Witnesses: **Rt Hon Alun Michael**, Police and Crime Commissioner, South Wales, **Katy Bourne**, Police and Crime Commissioner, Sussex, and **Sue Mountstevens**, Police and Crime Commissioner, Avon and Somerset, gave evidence.

Q58 Chair: Ms Bourne, Ms Mountstevens and Mr Michael, welcome. I have never seen three Police and Crime Commissioners in one place before. It is a new experience. We are very glad to have your help with the inquiry that we are conducting. Some of the respondents who have come before us up to now have argued that current Government policy on crime reduction is incoherent, consisting of different Departments pursuing different policies without co-ordination. From your angle, do you see a cross-Government strategy developing, or is that not there?

Alun Michael: Can I say, personally, that crime reduction, tackling crime and crime prevention are essentially local in their nature? That is recognised in some of the legislation—the Crime and Disorder Act 1998, reinforced quite considerably by the 2011 Act, which established the Police and Crime Commissioners. To a degree, what happens at national level is sound in the background and irritation rather than anything else.

There was a deep disappointment, for instance, when the Government did not go ahead with the pilot on the Probation Service. The one in Wales was one of the ones that were pulled, because the way that the Probation Service had engaged with what the Government wanted, and trying to reconcile that with being really effective on the ground, had every chance of success and might have taught lessons that would have helped in a wider arrangement. But I think, by and large, what happens at a national level is something that is in the background. The important work is very much local among the police, the Police and Crime Commissioner, local authorities and other organisations, including the agencies of central Government, like the prisons, that are operating on your patch.

Q59 Chair: So you can just get on with it. Would the others agree that it is really down to what you do locally with the range of bodies that are involved?

Katy Bourne: Chair, yes, I would agree with that. It is very important that it is localised, but, as far as Government strategy is concerned, I welcome the fact that reducing

reoffending is absolutely key to reducing crime. I also welcome working with the offenders who have been sentenced to less than 12 months as well, which I think is key.

Sue Mountstevens: I would agree with that. It is a really good approach to look at those who are only sentenced up to 12 months. It is also important to look at working with all the partners together, because reducing crime is not just the role of the police; it is working with all partners, because the offenders are often very complex, and it is not just about looking at reoffending but also looking at offering them an alternative way out.

Chair: You need to speak up a little because the acoustics are not very good in here.

Sue Mountstevens: Okay. It is just working with partners, making sure that we have some pathways to be able to work with offenders when they come out of prison, particularly looking at employment, housing and drug and alcohol help, so that they can be shown that there is a different way to continue with their life rather than continue with reoffending.

Alun Michael: Can I just add one thing, because you were asking about the impact of national on local? One of the issues is what the Sentencing Council does in its advice to sentencers. In the submission to your Committee, I notice that the Department of Justice said that the Sentencing Council, in issuing its guidelines, must have regard, among other things, to the cost of different sentences and their relative effectiveness in preventing reoffending.

We had Lord Leveson, as the Chair of that body, speaking to Commissioners a few months ago. In response to a question that I asked him—because you may recall that this Committee called on the Sentencing Council to have that sort of remit—he made it very clear that it was very low down the priorities that they assert. It is my personal view that it would be helpful if the Sentencing Council was very focused on which sentences are most successful in reducing the likelihood and the seriousness of reoffending. It is nice that the Department of Justice think that is what they ought to be doing, but it is actually very low down in the legislation and—very clearly, from what Leveson said—in the way that they approach things.

Q60 Chair: It is a point that we can bear in mind when we review proposed changes to the guidelines. Crime has fallen in every locality, which must be comforting for you, but why do you think that is happening?

Sue Mountstevens: If we look particularly in Bristol, we have the integrated offender management project. That is the whole key of getting partners to work together; we actually co-locate them together. By looking at real high risk offenders, by targeting them, almost to have a bespoke service for each offender, it has brought down crime in Bristol by 58%. That shows that investing at a very early intervention level has delivered great results. Not only are offenders offending less, but the severity of their crimes is less. Integrated offender management has worked really well. One of the concerns I have with the "Transforming Rehabilitation" programme is how we can protect that really key project because it has delivered real results.

Q61 Chair: Has the creation of a National Criminal Justice Board and the action plan that it produced had any impact on you?

Alun Michael: None whatsoever. Working with criminal justice agencies locally is quite important. I do not know if members of the Committee have looked specifically at the clause in the 2011 Act and the Oath of Office of Commissioners, but I have brought some copies of both that might focus on some words. We are given responsibility to work with the criminal justice bodies in the area to make sure that they are efficient and effective. I have found certainly at the local level—whether it is the prison, the Courts Service or the integrated offender management team—that they are very keen to work with us. You ask why this has happened. It would come as a surprise perhaps if I were not to suggest that it is the 1998

Crime and Disorder Act, the creation of local crime reduction partnerships, or local community safety partnerships as they are in Wales, and the youth offending teams.

Certainly, in my area, we have seven local authorities and each of those youth offending teams is continuing to see a reduction in youth crime. They refer to it in a phrase that I do not think is terribly attractive but as the "thickening of the soup," which essentially means that those who can be diverted out of crime are being diverted, which leaves you with a residue of much more difficult cases from difficult backgrounds, much more embedded perhaps in a culture of offending, which obviously need to be tackled. There tends to be a reorganisation and co-operation between authorities and youth offending teams.

I would say that, on top of that, there is the sort of local initiative to which Sue was referring. It is a good thing that crime is coming down generally, but then—and this is where Police and Crime Commissioners can work with local authorities and others to achieve it— it is focusing on what the residual problems are, because there are still big savings to be made. You will be aware, Chair, of the work of Professor Jon Shepherd, because he came before this Committee, in taking an evidence-based approach to where violence happens—for instance, particularly in Cardiff.

Q62 Chair: I think we are getting quite a long way from the question I originally asked. I would quite like to find out what your colleagues think about whether this national body has had any impact on you at all.

Sue Mountstevens: It has. It sets national priorities, and certainly our local criminal justice board has taken on board their direction. A lot of the things that we were already talking about at our local criminal justice board have just been almost reinforced by the national board. We have a very useful criminal justice board in Avon and Somerset, and it is a real driver for change. We have already looked at different ways of working, making sure that the journey of the victim is heard throughout the whole process, and we have invited judges to come on to that criminal justice board so that there is a real remit from the very beginning right through to the end of the process. I think that by getting all those heads together in one room is going to deliver some real changes.

Q63 Steve Brine: Briefly speaking—Sue has already touched on this—with regard to the approaches that you have taken in your areas to reduce crime, could you give me your top item? What would be the headline item that you have done in your relatively short tenure thus far? I am guessing, Sue, you would say the IOM example that you have just given, but could Katy and Alun give us their No. 1?

Katy Bourne: Sure; I am happy to answer. The police and crime plan that has been written has identified the priority areas, so that, for me, has formed the base to pull all the partners together. So far, we have developed a protocol that has the commitment from the three top-tier authorities. In Sussex, we have the two county councils and a unitary as well. They are all politically very different, so there are challenges there. We have managed to get them to develop a shared, outcome-based framework for determining what successful crime reduction will look like in Sussex. Because of that, they have also developed now, and signed, an agreed community safety partnership budget-setting framework that is driven by the police and crime plan.

So the plan that I have written is the key driver in all of this. All the community safety partnership activities from now on will be aligned to the plan, and all their activities and initiatives across Sussex are going to be driven by evidence-led best practice. That is really key to it. It is a first in Sussex. To get the three top-tier authorities and the three community safety strategic forums signed up to this has been quite an achievement, and we have used the plan as the framework to drive that.

For the future, Sue talked about the criminal justice board. In Sussex, we have just done some really interesting work with Sheffield Hallam. We have done a two-year study, which I am very happy to share with the Committee later on. They have done some really good work on IOM, and it shows that there is a 78% reduction in actual reoffending in Sussex, against what the national was predicting.

With regard to the future, I sit on the criminal justice board in Sussex. I would like to see it potentially merged with the criminal justice board in Surrey, or, if not, certainly my aspiration would be to chair the criminal justice board in Sussex because I see my role very much as a co-ordinator for all these partnerships coming together. I would also like to get a greater role on the health and wellbeing boards, because that is key too.

Q64 Steve Brine: Alun, what would be your No. 1?

Alun Michael: The driver of the Police and Crime Plan is absolutely right. The important thing is for the Police and Crime Plan to be something that, although it is the responsibility of the Commissioner, is also, if you like, owned or they field ownership in it of the chief constable and other partners. I recreated the criminal justice board for South Wales. It had dropped away when funding stopped into a lower level group, and we are getting a lot of buy-in on that. I agree entirely about the importance of having those links.

In terms of specifics, I would point to two. One is building on what has been effective with youth offending teams, which is doing some pilots on the 18-25 age group. There is actually no logical reason why the approach that was adopted on under-18s should not work over the age of 18, especially as a lot of the factors that this Committee's predecessor identified as the things that really influenced the levels of crime—whether people are homeless; whether they have jobs and skills; whether they have mental health or substance misuse issues—are influenced at that local level, and the prolific offending is now in that 18-25 age group.

The second one is extending that clinical approach to finding out where violence happens and in what environment, in order to address it to work done at the other A and E departments across South Wales, because that tells you where violence is happening as distinct from what violence is reported to the police.

Q65 Steve Brine: Are you content that the role as it is gives you sufficient scope to reducing crime in the context of national policy?

Alun Michael: Yes, because it gives you the capacity for leadership. It is not a question of being able to tell other people what to do. As I say, I am finding that with people in the prisons, the offender management team, and the Christian and Muslim communities, which have a great deal of influence on their membership—in their engagement with prisoners, for instance. The opportunity to do that and bring people together and exercise that leadership is not about telling people—it is about a common purpose.

Q66 Steve Brine: You would both agree with that, would you?

Katy Bourne: Yes.

Sue Mountstevens: I think so. It is not to do with power; it is to do with influencing. It is almost being a facilitator, because you can bring everyone to the same table—and that has been really clear—to make sure that all the partners are working together.

Going back to the criminal justice board, we also have a regional criminal justice board, to make sure that in the south-west we are all working together, because we do not have the same areas as the CPS and the Crown. The areas are quite dysfunctional as far as the PCCs' area is concerned. It is very clear that, as PCCs, we need to work together to make sure that, geographically, we are all talking in the same way.

Alun Michael: It is interesting that we have an All Wales Criminal Justice Board and so there is a similar regional framework, but initially they did not want Commissioners to be involved. They have now asked Commissioners to be involved, which is a sign of the role that the Commissioners can play being recognised in places that were nervous to start with.

Q67 Steve Brine: How much scope is there in your role—in Somerset, for instance—to commission early intervention schemes that would obviously get right in there and stop crimes being committed in the first place? For instance, I am sure you are aware of the organisation Home-Start, which is about parents teaching parents to be better parents and help bring up better citizens who do not go on to lead dysfunctional lives and commit crimes. Do you have scope in early intervention?

Sue Mountstevens: With the community safety grant that we have been given, in Avon and Somerset we were given £2.4 million. We have worked with the community safety partnerships, which are really key because they are on the ground and they have been able to put forward projects of where we could start.

As far as early intervention and looking at youth diversionary projects and everything else is concerned, there is a real key message coming out that, by having that grant and commissioning services through there, we can identify what works. What we are doing in Avon and Somerset is very clear. Because it is taxpayers' money, we are making sure that every quarter they have to report on their outcomes, which we publish on the website, so that people can actually see that there are differences. It is really important that you just do not pour money into a black hole. I am very clear that there must be a delivery plan and that we as an office will measure against what they said they will do. Where there is not evidence that they are creating change and improving the system, then we will withdraw the money.

Q68 Steve Brine: In Sussex, for instance, I mentioned Home-Start, but do you know what the Nurse Family Partnership is? Is that something that you feel you have levers on?

Katy Bourne: If you talk about early intervention, we had a key meeting last week around the Troubled Families programme, which is all part of this, because you have families with very complex needs. Early intervention is really important, and often these families have offenders within them as well. The "Transforming Rehabilitation" proposition covers the whole area and it is important that you do not just work with preventing reoffending but you work at early intervention.

We had a meeting last week with the three top-tier authorities. The chief executives were all around the table, with the leaders of the cabinet portfolios, and their key officers with them as well. We had fire and rescue at the table. We had Louise Casey from the Department for Communities and Local Government, which has headed this, with us as well, because we wanted to show a real, clear commitment to working with these troubled families and doing early intervention work across Sussex. That is an absolute testament to the role that I am in.

When you asked earlier, "Are you satisfied that your role is clearly defined?", yes, absolutely. It is a huge opportunity, which we are only just starting to realise. We are democratically elected, which gives us an enormous mandate. Using that to the best of our abilities, we are capable of bringing these huge organisations together and getting them to work off one page. I think the future is good.

Chair: I think we need to move on.

Q69 Mr Llwyd: What are your impressions of the existing work to reduce reoffending at a local level, first by the probation services and, secondly, by local community safety partnerships and their constituent agencies?

Alun Michael: I would say that the most important part is that local partnership approach. I found each of the seven local authorities absolutely engaged and positive about that working—and working very closely with the police. Perhaps this is the appropriate place to say as well that, of course, the relationship between organisations and governmental issues is different in Wales from England. The four Welsh Commissioners meet the Welsh Minister with responsibility for local government and community safety on a regular basis. Those meetings are very positive. I am finding that our meetings with local authorities are enormously important.

As far as probation is concerned, I find it quite extraordinary, given the amount of challenge they have in terms of change, how positive and engaged the leadership of the Probation Service in Wales continues to be on things like that 18-25 age group that I mentioned. I have some nervousness about whether they will be able to maintain that very high level of engagement given that there is so much happening in that field. One agrees with the intervention in terms of short-term prisoners. That is a very welcome step, but it comes without resources and with all that major organisational change that is going to be very difficult for them to cope with.

Q70 Mr Llwyd: It is probably right to say that the Welsh Probation Trust is very ably led, is it not?

Alun Michael: Yes, it is indeed.

Q71 Mr Llwyd: Does Mr Michael's experience chime with you ladies or have you a different view?

Sue Mountstevens: I have a very similar view in the fact that it is the co-ordination of agencies that has really driven that forward. Crime is not a simple measure. The reduction of crime is far more complex. There are a lot of mental health issues that are involved. The police are constantly being used as the service of last resort. If we could find better co-ordination with the NHS, looking particularly at the temporary sectioning of individuals under section 136, if we can get more beds available, then that would free up a lot of police time to do more crime prevention. At the moment, it is estimated that over 20% of their work is involved in working with people who are mentally ill.

Katy Bourne: I would add some caution to your question. Certainly, the IOM study that I referred to earlier in Sussex shows that that is working quite successfully. I can quote, for example, the IOM cohort across Sussex. The average number of convictions reduced from 0.75 to 0.27 in the 12 months before IOM compared with the 12 months after; so there is some quite good work there.

As far as the reoffending rates are concerned, at the moment, in Sussex, we have one of the directors of the Probation Trust who sits one day a week in my office so that I can really understand what this means for Sussex locally. I asked her to prepare some work around this, and she came up with some slightly out-of-date figures here from 2006 to 2011. It shows that crime has definitely reduced, and there has been a 20% fall in the number of offenders and a 24% fall in the number of reoffenders, but the proportion of offenders reoffending has still remained broadly the same. So, despite everything, something is not quite happening right. This is possibly true around the country, but I am obviously speaking locally about Sussex.

Q72 Mr Llwyd: You refer to the IOMs. Of course, they have been established in many areas and they are, for the record, meant to deal with the most prolific offenders. Many of these are, as we know, short-sentenced offenders. What is your assessment of the existing

coverage of these schemes within your area, and what evidence is there of their effectiveness—and, more to the point, their cost-effectiveness?

Sue Mountstevens: The evaluation of the Bristol project shows that the cost per crime is dramatically less than it was before IOM was introduced. It is a really positive way of investing earlier on. All the agencies have had to invest in IOM and it is delivering great results. IOM covers some of those who are under the 12 months' sentencing because those are the ones that have been targeted—they are the persistent ones. But as far as funding is concerned, of course there is no funding at the moment for under 12 months' sentences. One of the areas in reducing crime may be really effective in the Government strategy of tackling that cohort, but I am very clear that what we must not do is dilute high risk offenders, because what we are doing at the moment is really working and bringing down crime at less cost. It is important that, just because it is successful, we do not dilute it to cover a much larger cohort. The reason it works is because we are targeting much higher risk.

Alun Michael: Can I make two points? One is that partnership is effective. I have been around in public service long enough to have seen previous recessions when organisations have drawn back into their core services and said, "We can't afford the luxury of doing things with others." There is something different, certainly in Wales, on this occasion where—in local government, Welsh Government and other services—instead, people are far more saying, "We have to do more together. There has got to be more collaboration when the going gets tough."

The second thing is that a lot of local initiatives recognise particular problems and seek to tackle them in an evidence-based way. In one sense it is because there is a sense of local ownership that they work. I am particularly noticing people leaving prisons looking outwards so that work with the very prisoners you were talking about is already happening, albeit in a different way—a more hand-to-mouth way. For instance, there is the New Leaf project in Cardiff prison, which comes out of an initiative from Saleem Kidwai and the Muslim Council of Wales, working with Muslim prisoners and others. It is very effective. In Swansea prison the other day I was meeting people in the chaplaincy there. These are taking steps to fill that gap because there is not supervision, but, because they are local, because they are owned and because they link it into the wider community, they are having success.

Q73 Mr Llwyd: I have one final and rather important question, which I think is a core question of all this. How are drug and alcohol services funded in your area in this financial year, following the devolution of responsibility to local authorities and to yourselves, and how do you respond to DrugScope's concerns that there is a risk of disinvestment from such services now that the budget is no longer ring-fenced?

Alun Michael: One of the problems for us is that in the money that came from central Government it was not clear what had been spent in the year before. We never got full information. One of them was, for instance, the investment in the Drug Interventions Programme. In Wales, the four Welsh Commissioners agreed that we would continue the joint funding with probation for a year and undertake an assessment. We then agreed to ask my deputy, Sophie Howe, Deputy Commissioner, to lead that work. It has been linked in with the Welsh Government and we are trying to look at maintaining that investment and that partnership. Of course, that is challenging due to the changes in the probation organisation. We are also looking to increase the resonance with the health service and Welsh Government initiatives, so it is very much on the agenda of the four Commissioners to maintain that intervention work. Getting it done in a way that is really cost-effective is quite challenging.

Katy Bourne: I would agree with that. I am aware of the contribution that I have towards this because I have the breakdown of figures here. In broader terms of funding from the local authorities and the health authorities, that is possibly a harder question to answer.

Also, if you think of a police officer's time and the effort they put in, a lot of the funding does not reflect that side of things as well so that the cost side—

Q74 Mr Llwyd: Given that we are pressed for time, may I ask you, Ms Bourne and Ms Mountstevens, would you be prepared to send a note in to respond to this particular question?

Katy Bourne: Absolutely.

Sue Mountstevens: Yes.

Mr Llwyd: I am much obliged.

Sue Mountstevens: Not only have I agreed to continue funding the drug and alcohol action teams for this year, but for next year we are going to commission a single drug and alcohol referral service through our custody suites.

Q75 Andy McDonald: I would like to ask the Commissioners about commissioning. Previously, the Government were planning to devolve commissioning arrangements for rehabilitation services to probation trusts, but they recognised there may be potential over time for other public bodies such as local authorities or, with a broadened statutory role, Police Crime Commissioners to take responsibility for the Probation Service. Some of your colleagues seem to subscribe to the view that that responsibility for commissioning should be with you. Do you share that view and, if so, could you perhaps explain why?

Sue Mountstevens: I offered to be a pilot area because the whole point of having a PCC is so that we can work with backing local people to find the solutions for us as an area. It would have been an opportunity to have co-commissioned services and to work out ways of tackling that in our environment. As that is not going to be the way forward, PCCs have a real role in working together on setting the contracts, but they also have oversight of how they are delivered so that we can scrutinise them. We are going to know; we are the ones who are going to be facing up if this new project does not work or crime starts to increase. There is a real position now for PCCs to get into the detail and make sure that those contracts are delivering.

Katy Bourne: If I can follow on from that, initially, in the first consultation period, the PCCs put a lot of effort into this to say, "Actually, we are here and we would like a say in this commissioning process." Certainly, I put a separate paper in with a solution, of which the Committee has had sight. In fairness, the Government have taken that on board and they have now set up a reference group for PCCs, of which we also have membership, which is meeting directly after this to look at how Police and Crime Commissioners can have a direct input into the commissioning process. They are using all our plans. Our police and crime plans are going to be put into the framework for our contract package areas. Where I am, we have Surrey, Sussex and Kent together; it will be absolutely critical for any provider coming in that they take those three plans into account locally. We are going to explore ways of how we can have more emphasis and influence on the commissioning process.

Alun Michael: I would agree particularly with what Sue said about the primacy of working locally to find solutions. Personally, I do not want to get bogged down in the bureaucracy of commissioning processes; I want to get on with the actual work of what works in terms of producing results. One of the biggest challenges for us is being scientific about it, really questioning what works and what does not work. One of the things that we have in south Wales is the Universities' Police Science Institute. Yesterday I sat down with members of the police force and my team, along with academics from three different universities—the universities of Cardiff, South Wales and Swansea—trying to tease out where we can take things forward in terms of testing our effectiveness and testing new ways of doing things.

That is where I want to be spending my time, rather than in bureaucratic commissioning processes.

Q76 Andy McDonald: The MOJ acknowledged that the PCCs would need to play an integral role. You have largely addressed how that might play out. Can you answer me this? To what extent do you think the MOJ has engaged with you in relation to the commissioning of offender management services? Has there been a direct engagement with the MOJ?

Katy Bourne: I have had quite a lot of direct engagement with the MOJ, so from personal experience yes. As I referred to, I sit on the reference board now for PCCs so that we have a real direct engagement. It is crucial because the contract package areas are bigger than the existing partnerships. We have only been in office 10 months and it has been a lot; there is a lot going on in the criminal justice system. To take it on board, it is a good idea that they have not just said to us, "Off you go; there is the commissioning," because we have enough to do with the victim side of things as well at the moment. I do feel quite confident, personally, that I have had enough engagement.

Alun Michael: I cannot say the same, but I want to see the end of that and then engage with whoever is going to be doing the work. The greater engagement has been in relation to victim support services, which is another area of commissioning that is coming up, but that has been delayed until next October. That is quite crucial, and there is a bit of tension between the option of central commissioning and local commissioning. My view is that we would be better off with collective commissioning, where the accountability is to the Commissioner but at the local level.

One of the concerns there is that there could be a separation of witness support from victim support. The victim very often then becomes the witness and that can be the place where the victim is most vulnerable in the court setting. Personally, I think that we as Commissioners need to be very much involved in making sure that that service is adequate, because, of course, that victim, who has become a witness, will still be a victim after the court process has finished. The commissioning of those services is absolutely crucial.

My final point is that I am not entirely sure that, in the way that the commissioning ideas are being developed, they really understand that they are dealing with what was a movement. It started as a movement of citizens; it involves volunteers. It is not a straightforward commercial transaction if they really want to keep that commitment to the support of victims active and local, as well as consistent across the country.

Q77 Andy McDonald: Finally—I am conscious of time—we have contract areas. We now have 21 as opposed to 19. They are not coterminous with PCC areas. Is that going to cause any difficulties for us? Do you have any comment about that?

Sue Mountstevens: It would have been much more helpful if it had been coterminous with our own area. I am with Gloucestershire and Wiltshire and, although we work very closely together, I am concerned that some of our niche, small organisations will not be able to match, to be able to spread themselves more widely. It would have been better to have matched our own PCC—our force areas—because every time that you get bigger and bigger you start diluting some of the really great work that you are doing.

Katy Bourne: Certainly it is a challenge because we are Surrey, Sussex and Kent, but, fortunately, Surrey and Sussex probation trust is already combined and has done a lot of this work ahead of the "Transforming Rehabilitation" proposals in so far as they look at their high risk offenders separately from their low and medium risk anyway. A lot of the work has been done. It is much easier for a provider in our area to come in and be able to work across. I have already met with the Chairman of the Kent probation trust to talk this through. We have two

probation trusts in our package area, but they are looking at forming a mutual anyway and bidding for this as well.

Alun Michael: I am fortunate in this regard in the sense that it has been recognised that it will only work if Wales is a single area. That is because so many of the services, whether it is in housing, local government, health and so on, are devolved matters; and, because the four Welsh Commissioners are used to working together and working with Welsh Government, I am less concerned about the area and it will probably fit better in our terms. But, reinforcing what my colleagues have said, I would be concerned if it was not on that footprint.

Q78 Yasmin Qureshi: We have been discussing quite a lot about various things being done to reduce offending. Linked with that, I want to look at the issue of reducing reoffending as well, which I know we have been discussing. Various different organisations are involved in this process. With the advent of loads of new providers possibly dealing with the issue of reoffending and reducing crime, how do you envisage the new providers fitting in with the existing partnership arrangements that you already have? Can you give an example perhaps of where new providers have come in where already existing partnerships exist with which you are involved?

Katy Bourne: I will pick up on that one. The Sussex criminal justice board has just done a review of its integrated offender management anyway. It shows quite clearly where the different partnerships are, so I am quietly confident on that front that any provider coming in will have a good understanding. I am making it my business as well to understand what the partnerships are in Sussex, and certainly in Surrey as well, because, as two police forces, we are doing far more collaborative work. I referred to the probation director sitting one day a week in my office. She also sits one day a week in the Surrey PCC office as well, so we share that knowledge across. It is really important with these contract areas, because they are wider than our police boundaries, that we have that conversation going on.

For me, in Sussex, the challenge with regard to partnerships is that I have three top-tier authorities that are politically quite different, and that is definitely a challenge—but not one that we cannot overcome as well.

Alun Michael: The most important thing for a new provider coming in is to recognise what is there and to look at the strengths of what is already in existence, which essentially is what we have to do as Commissioners as the starting point. To do that rather than to come in with a theoretical model is what is important.

In my case, in south Wales, I have to recognise the fact that we have seven local authorities. They are very different. They are different in size and population, and they have different models of partnership. Secondly, the Welsh Government have looked to increase the partnership between local authorities on a footprint model, Swansea working with Neath Port Talbot and Bridgend, for example. That is just a fact of life. That encouragement is there. I have had to say, how can I work with that and make sure that the priorities of crime reduction and reducing reoffending are fitted within their priorities? If they create, as they are doing at the moment, a joint youth offending team, I have to make sure that that nevertheless provides outcomes in the three local authority areas that enable our partnership working to work.

Going back to your question about the new provider, if the new provider comes in not just thinking that they have an arithmetical model but they are joining partnerships that already exist with strengths, then the joint working will function. If they come in saying, "We know best and we are going to do everything according to this arithmetical model, which is what we bid on," they will run into difficulties.

Sue Mountstevens: I would agree very much with that. How the new providers are going to fit into the new landscape is too early to say, but I have had reassurance from MOJ

officials that the contracts will be very closely scrutinised and, if they are not going to work with the stuff that works and delivers results, then they will not be awarded the contract. It is for the PCCs to make sure that we scrutinise that contract, that we can intervene and we can have some leverage about what happens if that does not happen.

Katy Bourne: Picking up on what Sue just said, it is really important that future providers demonstrate that commitment to the existing local partnerships, so I would definitely expect to see that as part of the contract package requirement.

Q79 Yasmin Qureshi: What about the issue of cost implications of new providers and these things coming into being? Do you have funding for that or what would happen? Would that be a deterrent in involving those organisations?

Alun Michael: It is an unknown territory really, is it not?

Sue Mountstevens: It is too early for us to say. The first reference group is not until this morning. This will be the first time that we as PCCs will have had any involvement with the contracts and the provision. I would have liked to have had earlier involvement, but we are where we are. So it is very important that we now get into the detail because we know what works in our local areas. That is what is really key. Probably the MOJ is very conscious that we know what works, but I would have liked earlier involvement.

Alun Michael: That is something that applies across political backgrounds in coming in. Every Commissioner, like every MP, is very much focused on the area that we serve—the constituency, if you like. That is the strength of what is coming out. Whether it was predictable or not I do not know, but it is the single characteristic we can point to in what is happening at the present time.

Katy Bourne: Locally on the ground there are bits of work, certainly in Sussex, where we can work out the cost of crime in certain areas. I know Sussex police have done some work around the homeless—the street communities—and I am very happy to share that information with the Committee if they would like to see it. We can cost out certain pieces of crime. Obviously, the MOJ have done work on this as well. The quote for the cost of reoffending was £5 million per annum across the UK. If you split that between 41 forces, that is roughly £120,000 in Sussex. For me, I would say that is probably money well spent because the net gain later is so much greater.

Sue Mountstevens: That is right, but there is an issue about recorded crime. I want to increase reporting, especially about domestic violence and serious sexual assaults. That is an area that certainly may well add cost.

Chair: Because of time pressures and the fact that we have a group of other witnesses waiting, I would just like to move to a final point from Mr Brine.

Q80 Steve Brine: Our predecessor Committee had said that there needed to be a much more direct financial incentive for local agencies to reduce reoffending. Would you agree with that view and whether you think the Government's reforms to introduce payment by results, for instance, into the commissioning world and "Transforming Rehabilitation"—

Chair: Mr Michael will remember that, of course, the idea of commissioning both custody and alternatives to custody at local level seemed to us to be a much better way of building an appropriate financial incentive.

Steve Brine: We have not gone forward with that. Do you agree with that view?

Alun Michael: The answer is that it is more difficult than that. I agree that it would be nice if we could do that, but it does not always work that way. Sue referred to the reality of crime rather than just what is reported to the police. I go back to the exercise that I am initiating with the support of the Welsh Government Minister, which is to ask about people

who come to A and E with injuries as a result of a violent incident, many of whom will not have reported it to the police, in order to scope that and try to reduce it. We want to get closer to reality.

The problem is that, although that work, if we are successful, will help the health service because it will be less people perhaps needing expensive facial surgery, which was the motivator in terms of Jonathan Shepherd's work, it is very often in the "too difficult" box. That is where one of the things that I have done is to create a partnership fund in order to be able to put a bit of money in to provide the resource to do the work that is going to help not just myself but other agencies. That can be more effective than a commissioning model, because it is very difficult to fit a commissioning model to the actual local experience. What you need is, effectively, a public health model, where you are trying to look at the cost of having to undertake expensive treatments, whether it is treatment of offenders or medical or remedial work by local authorities in their town centres in order to get ahead of the curve on that.

Steve Brine: We are going come on to that, are we not, with the local authority leaders on the public health side of things?

Chair: Yes.

Katy Bourne: You said, should the payment by results go ahead? Is that what you said?

Steve Brine: Yes.

Katy Bourne: And should there be the funding around it? Whatever funding there is has to be sustainable. That is really important. It should not just be an initiative that then stops once the funding ends, which is why I am really interested in looking at community budgets as a potential because, with the role that we have, that is a way of bringing people together to look at sustainable funding across the board. Also, there is the Troubled Families scheme, for example, as part of this, which should be built into it. That would be the point I would make. It has to be sustainable.

Sue Mountstevens: Incentives are a complex business because you never know which behaviour you are driving. If you looked at restorative justice, that is an area where there could be additional funding, as far as it being a victim-centred process. Victim satisfaction is much, much higher than any other process we have. Victims will come out being satisfied with restorative justice much better than a court process, because the court process is not that interested in the victim.

Alun Michael: The big thing is that payment by results sounds nice and is right in principle, but it is difficult to manage. Payment by outcomes, demonstrating what works and then making sure the resources are there to continue that—so sustainability—is the bigger challenge.

Chair: Thank you very much the three of you. We are very grateful for your help this morning.

Examination of Witnesses

Witnesses: **Dr Alison Frater**, Head of public health and offender health for London, NHS England, **Dr Éamonn O'Moore**, Director for Health and Justice, Public Health England, **Councillor Claire Kober**, London Councils, and **Councillor Joanna Spicer**, Vice-Chair Safer and Stronger Communities Board, London Government Association, gave evidence.

Chair: Dr O'Moore, Director for Health and Justice, Public Health England, welcome. Dr Frater, Head of public health and offender health for London, welcome. Councillor Kober from London Councils and Councillor Spicer, Vice-Chair of the Safer and Stronger Communities Board of the Local Government Association, welcome to you all. I am going to ask Mr Corbyn to begin.

Q81 Jeremy Corbyn: Thank you very much for coming and helping us with our inquiry. For all of you really, what do you feel about the coherence of the Government strategy on reducing crime?

Joanna Spicer: Good morning, everybody. Basically, what the Local Government Association is hoping you will give some consideration to is how, with your deliberations, you can perhaps build on some very good practice and very good coherence that exists but is not necessarily always formalised. For example, there are some very good joint cross-departmental initiatives and I would particularly like to give examples such as the Troubled Families initiative, violence against women and girls, domestic violence, and the new legislation around work against gangs and metal theft, which are just coming into being. These all involve different Government Departments, although they are led by one.

One of the things that we are suggesting to you in our submission today is that, in order to improve—to use your word—coherence of crime reduction, there could perhaps be, even at a very senior level, at ministerial level, a crime reduction board that would formalise what is already beginning to work very well across different Departments.

Q82 Chair: I discovered recently that we have something that has a rather similar title, but it did not seem to have had any impact on the Police and Crime Commissioners who came in immediately before you.

Joanna Spicer: In fact, it is a statutory requirement on local government under section 17 of the old Crime and Disorder Reduction Act to consider the effect of any policy at all on crime reduction.

Claire Kober: If I could build on Councillor Spicer's response, from London Councils' perspective we would say that there is a danger that policy moves to an emphasis that is on crime enforcement on the Home Office and police, and what gets lost in that is the emphasis on crime reduction and the reduction of reoffending. When we consider, particularly in the light of some of the "Transforming Rehabilitation" reforms, that almost 60% of those sentenced to 12 months or less will go on to reoffend very soon after, we would make the case as local government that Government should not lose sight of crime reduction and reducing reoffending in their plans. If I look towards the Anti-Social Behaviour, Crime and Policing Bill that is currently before you, we have some concerns that, rather than helping the current situation, that potentially dilutes the role of local government and the key facilitation role that is necessary in dealing with some of these intractable issues.

Éamonn O'Moore: May I also contribute to the response? In terms of coherence, what is also important in considering that idea is the impact of health issues on the justice agenda, and so Public Health England are engaged in that and have a greater understanding of some of the drivers towards criminogenic behaviour that inform some of the policies and programmes that we are all working on together. We have been really pleased to be involved with a number of Government Departments in thinking about the health-driven causes of crime. So, in terms of the total idea of coherence, it is really important that health is a key part of any consideration because it is part of the problem and part of the solution.

Alison Frater: I just have a couple of points to add. I certainly support the notion that we have tried very much to deliver coherence across the health sector, the local authorities and at different levels of Government actually over the years. The crime reduction

partnerships that we used to have at regional level that could deliver ministerial level crime reduction boards were a good example of that. The challenge is to make sure that we maintain those partnerships across the new structures, in health organisations and with our colleagues in local government, the Probation Service, the police and so on.

Yes, there are good examples. In London, we are determined that we will put our health strategy, in the way that Éamonn is describing, into the Mayor's office for police and crime. The Mayor in London has published a police and crime plan, and we are putting health in police and crime in London together at the moment, with the support of the Mayor's office and all of the structures that go with that. We are very determined to support and develop that coherence.

There are, however, risks and there are two. One is to make sure that we have a financial framework that can deliver the investment we need in line with the evidence of good practice. That means everybody agreeing and lining up to the priorities for investment and delivering that. Secondly, in order to—

Q83 Chair: Who does not do that?

Alison Frater: What happens is that people, with the best intentions, do that. Let me give you an example of the sexual assault referral centres, which are a very good initiative that have both health money and police money to deliver for victims of sexual assault both the care they need post-assault but also the forensic examination they need, in the kindest and nicest possible way, within a setting where they do not have to have a double examination via a forensic person. It is all done together and there are councillors in the service. The evidence suggests that we are beginning to see an increase in the reporting of sexual assault in that context. There are often unilateral decisions by either body about whether they will reduce the funds or what pressures they have. The police, for example, have pressures to reduce funding, so there is discussion going on at the moment about what savings we can make from the investment. There is always that sort of issue to look at. That would be an example.

A second example would be Public Health England, where the resource is often not in cash; it is often in bodies or people to help. Clearly, we need to make sure that the priorities we have for technical advice and support line up with the priorities that they perceive for delivering health across the agenda.

My view is that my colleague from the LGA is absolutely right: some sort of ministerial body setting priorities across Government would really help us to begin to deliver that kind of governance framework that we need to make sure we pin everybody in.

Finally—I am sorry I have gone on a bit—there is an issue about data flows. If we are going to understand what we are doing and what benefit we are getting, we need to have good sharing of information across these organisations. We have some challenges that we may go on to discuss when we talk about the "Transforming Rehabilitation" agenda around the potential for maintaining what at the moment is a very good information source.

Q84 Jeremy Corbyn: The Howard League has made an observation that crime reduction is too narrowly focused on those already in the criminal justice system, and, obviously, it is in everyone's interests that existing convicts do not reoffend. Do you feel that there is insufficient attention paid to preventing a new generation of people entering the criminal justice system? Within that, because you have local government-based views, do you feel that the mental health services could be better funded or contribute more in this whole area, because so many people in prison are suffering from mental health issues?

Alison Frater: Let me kick off and I am sure colleagues want to contribute. Yes, that is absolutely right. You are absolutely right about that. It is a difficult thing to do, is it not, to get upstream of this and think about what the interventions are? In London, as part of our

early years strategy—we have pinned this down into our minimum dataset for health visiting—we are encouraging a particular focus on families where there is a parent or a sibling having had an experience in prison or the criminal justice system, because we know that that is the biggest predictor of a child getting into the criminal justice system, having a sibling or a parent involved. We are trying to focus on those issues.

In the mental health and justice realm, we are doing a great deal to try to link activities together and focus on those preventive issues. Again, in our integrated health and criminal justice strategy, we have the notion of focusing on our youth offending institutions, looking at providing better support, and developing mental health liaison and diversion schemes that can intervene to avoid arrests and provide alternatives to young people, and get them back into an appropriate service or set of activities.

We work very closely with the Probation Service, and we are looking at a means to get that very first contact. We had a workshop last week, and it was very apparent that, again, the predictor of criminal behaviour throughout the life course is getting to that first element. The truants are at greater risk; the kids with anti-social behaviour are at greater risk. It is the Troubled Families agenda that colleagues have talked about before. These things are becoming very apparent and we are trying to develop interventions to address them.

Q85 Chair: Does anyone want to add anything there? Don't feel obliged to because we have quite a lot of things that we need to cover.

Joanna Spicer: The work of the Howard League, for example, emphasises the point that we are all making about the need for some really joined-up coherence about crime prevention as well as the reoffending challenges, and the opportunity to implement, for example, all the initiatives and policies in the Department for Education around schools, and, as Alison has just been referring to, truancy and juvenile behaviour. I will come on to children's mental health briefly in a second.

I chair the health and wellbeing board for Suffolk and lead on Troubled Families. Taking the Troubled Families initiative, we can see the importance of not just the multi-agency approach but, for Troubled Families, looking at the whole family—whether it is mental health, reoffending, truancy and general health issues as well.

In terms of the mental health issue around this, again it is so important that that does not get boxed into, "That's health," and so on—that we are thinking what we can do as local authorities, what we can look for in our schools, and what all the local authorities are doing with regard to the wellbeing bit to prevent a lot of mental health challenges, which can then trigger on into crime.

Q86 Chair: You at the LGA thought that the Department of Health was not sufficiently engaged in crime reduction issues.

Joanna Spicer: I hope it did not come across quite like that. We have had to recognise—the health colleagues from the NHS will agree—the considerable change that has gone on in the national health service over the last year, with not just public health coming into local authorities, which I hope we all welcome, but also the changes, going from primary care trusts to clinical commissioning groups, have made it jolly difficult for us all to keep the same people at the same table. Most of us have done, but it does set us all back a bit in terms of progress.

Q87 Chair: What difference has the creation of Police and Crime Commissioners made to all this? What kind of engagement do you have with them?

Claire Kober: From a London perspective, we would say that it has brought additional co-ordination across the piece, bringing together the Mayor's office and the 32 boroughs and

the City, which has been very positive. Obviously, there is still some way to go. I would also emphasise the fact that at local level it is the community safety partnerships that are driving much of this work. If you had the London Police and Crime Commissioner here, he would echo that thought.

Joanna Spicer: We are all working in our own ways around the country with the Police and Crime Commissioners. The Local Government Association has set up a strategic partnership to work with the Association of Police and Crime Commissioners. It is early days. We are very pleased that the PCCs are joining health and wellbeing boards, community safety partnerships, and even with Troubled Families initiatives. But, as the PCCs were saying, it is early days to be confident about results. We are going make it work—we have to.

Q88 Nick de Bois: In some respects I just want to probe a little further on territory you went into, which is essentially the recent changes to the national and local health commissioning landscape. I am going to start, if I may, with Dr O'Moore, but if anyone feels they can add to it please do. Almost for the record, could you explain to us briefly the respective roles and accountability of Public Health England, NHS England and local directors of public health in local authorities? I think you are best placed to do that. I am sure you all can.

Éamonn O'Moore: Sure. Perhaps I will defer to my colleague from NHS England to talk about their specific role, but I am very happy to talk about PHE's role and perhaps directors of public health.

Nick de Bois: Just broadly.

Éamonn O'Moore: In general, Public Health England has a specific mission, as a national public health expert service, to provide advice, information and intelligence to all parts of the health and social care system. We have a specific role in terms of supporting the health and justice programme of local authorities, and, by extension, through the work of directors of public health and clinical commissioning groups in identifying and meeting the health needs of people in contact with criminal justice, not just in detention settings, where there are specific responsibilities for NHS England, but also in the community where there is a much wider range of partners to work with.

We have a range of ways in which we support that work at a local and national level. At national level, I am director of a health and justice team and I work closely with my opposite number in NHS England, Kate Davies, who has a similar portfolio. Together, we are working at that level to understand policies and programmes at national level that could assist that work. At local level, PHE has 15 centres, which are the front door of our organisation, and then in 10 of those are health and justice public health specialist posts. They align to the 10 NHS local England area teams that have a lead responsibility for commissioning. It sounds a bit complicated, but it enables us to create a horizontally and vertically integrated network to support the work at local level.

We are very conscious of working to support directors of public health, and in that role we have been working with them and others, including Revolving Doors and the National Association of Probation Chiefs, to draft a briefing paper on the role of directors of public health in the health and justice agenda, and supporting them in understanding their role in meeting those responsibilities.

Q89 Nick de Bois: You said you are drafting that now.

Éamonn O'Moore: It has been drafted and I understand those organisations are going to publish it later this autumn, but it is not quite ready. They have allowed me to give you a preview, if that is acceptable.

Q90 Chair: I find it slightly worrying that it takes that long to explain what you are.

Éamonn O'Moore: Well, it is possible that we are a new organisation trying to explain a complicated agenda and understand the roles of respective partners in different organisations, local authorities, National Health Service England and ourselves working collaboratively. Our responsibility is, at national level, to work with others to describe and develop a programme that meets national objectives, and, at local level, to work to support the local partners to understand and meet the health and justice agenda. We work very closely with directors of public health at local level, and with our NHS England area team colleagues at area level, to understand and meet those needs.

Q91 Nick de Bois: You are trying to do the joined-up bit, by the sound of things.

Éamonn O'Moore: We are working facilitatively, co-operatively and in a co-production model with a range of partners. We ourselves are not commissioners of services so our role is in providing evidence and intelligence of what works, what the problems are and so on, to partners who have a role in commissioning such as colleagues in local government.

Q92 Nick de Bois: Will that involve, as this progresses, sharing best practice then?

Éamonn O'Moore: Absolutely, and that is one of our key roles.

Q93 Nick de Bois: Okay; I thought you would say that. Did anyone want to add to that or else I am going to move on to health and wellbeing boards, if I may? That neatly introduces me to you, if I may, Ms Spicer. You are chair of Suffolk—

Joanna Spicer: —health and wellbeing board.

Q94 Nick de Bois: I would be interested in whether you have an idea of what impact you anticipate the creation of health and wellbeing boards have on public health investment in early intervention particularly, which we have already touched on, and effectively crime reduction approaches.

Joanna Spicer: Interestingly, if you had made me answer the last question, I could have tried to give an example. Public health is now part of our county council and it is sitting in the same building; the director of public health is sitting alongside directors for the economy, for environment, children, adults and so on. What we are trying to do at the health and wellbeing board—not just through the strategies, which are easy, but also through cross-cutting action plans that involve, of course, the police and voluntary organisations—is to use the opportunity for public health, and indeed the budgets they have, to be directed much more towards prevention and promotion of good health, but also I have to keep an eye on crime prevention.

If we take something absolutely classic for what was formerly much more health—childhood obesity—we are making that one of our priorities, not just because children who are overweight at school might then be overweight when they are grown up and cost the national health service money, but children who are overweight are often unhappy children, which can lead to mental health and drug and alcohol problems, which leads to, potentially, crime.

Q95 Nick de Bois: I am with you on the public health argument. I will just stop you there. Is the assessment you are making there evidence-based at this point, or is it a presumption that you will be looking for evidence to support?

Joanna Spicer: There is a little bit of evidence. I do not have any with me, but there is some evidence, particularly about the link between childhood obesity and mental health. Of

course, there is plenty of evidence separately about mental health and crime. I would love to see some evidence right through. The Childhood Obesity Programme, which weighs children, and improved data available in the NHS and to local authorities, should enable us to track that better.

Q96 Nick de Bois: In many ways you are doing the right thing to explore it. If nothing else, health and wellbeing should be doing that. I just want to touch on something. The Committee will be discussing justice reinvestment approaches later, but how much is austerity or the need to make savings an incentive for the local authorities and health services to invest in these early intervention approaches, obviously in an attempt to reduce those engaged in crime in the future? I am not quite sure who would be best to answer that, so are there volunteers?

Claire Kober: I will kick off, certainly. Alun Michael was correct in the comments that he made in the previous session when he said that, this time around, people have not retreated to their own core functions and core responsibilities. Instead, partnerships are being maintained and in many areas—certainly in London this is the case—being strengthened. I certainly feel that we are in a place where partners are willing to work together and willing to continue to invest, because there is a recognition, perhaps because of the scale of some of the reduction that we are seeing and from a local government perspective between 2010 and 2018, that for many of us it is going to be almost 50% in real terms if you factor in some of the increases in demand we are seeing.

Q97 Nick de Bois: Are you taking into account the public health money that has been allocated? I am a London MP. Enfield has done very well in the public health allocations, relatively speaking. There is still a big gap.

Claire Kober: I am really pleased you have asked me that because there is an issue around public health funding allocations. My own borough is Haringey. Again, we have done fairly well out of it.

Q98 Nick de Bois: I am not sure we should go into that too much here.

Claire Kober: But there is an issue in terms of the way that those allocations came down. There are some boroughs—I believe Waltham Forest would be one, to draw an example there—where the allocations were put together through a whole range of historic funding decisions, which therefore meant there was a huge disparity. In London, Kensington and Chelsea did best out of everyone; places like Waltham Forest did very badly. So there is an issue about how well need is aligned with the allocations that have come down.

Q99 Nick de Bois: We have had this in Enfield for the last 10 years.

Claire Kober: Yes, of course. There is something familiar about the translation of the problems of inner London into outer London in more recent years. If I could just say one other thing about funding allocations, this week I know that the victim service allocations have come down to Police and Crime Commissioners. In London, I am aware that we have been allocated 14% of that. The way that that allegation has come down is through a population calculation. If you look at per capita crime in London, we should be receiving 20% to 25%, so there is an ongoing issue, whether it is public health allocation on a borough by borough basis or on a regional basis, as some other allocations come down.

Q100 Nick de Bois: As part of your answer I think I was hearing—correct me if I am wrong—that you are kind of saying that the pressure on savings has actually driven people together rather than to retreat.

Claire Kober: Yes.

Q101 Nick de Bois: It is a slither of, shall we say, promise as a result of it? I am not endorsing it but I think that is true. You are saying they are staying the course.

Claire Kober: Absolutely. I am not here to say that, as a result of cuts, we all just retreat into silos and decide that there is very little we can do and all we can do is manage decline. I do not think that is the role of local government, nor is it the response of local government and its partners.

Alison Frater: I have three points to make. We have to identify that it is tricky at the moment, is it not? There are a lot more players on the pitch in terms of who has the money. In London we also have the CCGs, but there is willingness to work together. The regional director in London is certainly taking the initiative to try to encourage a leadership form around co-commissioning to get everybody in the same place. Certainly, on this agenda, I see a lot of willingness across partners.

The third thing I want to say is that we are not going to get there unless we think about new models— so, for example, some of the thinking that has been going on with social impact bonds.

Q102 Nick de Bois: New models of funding.

Alison Frater: Yes. Some of that has been really interesting and worth exploring. With regard to a lot of these wicked problems that we have not been able to solve in the past, let us think about getting some of that social investment in and some long-term thinking about how we do some of this. For me, some of those ideas that are beginning to come are worth exploring because I do not think we will get there just by all our goodwill.

Q103 Nick de Bois: You have anticipated my next question, so not only is that excellent but you have saved some time. The Committee might want to look at the work of Chance UK, which is working in Enfield, and how that has been funded as well, which is producing some excellent results.

I have a final question and, if I may, I will ask you, Dr Frater, because you touched on data and the problems in accessing data required to inform the local decision making. I suppose my question would be, what bearing, if any, will joint strategic needs assessments have on the understanding of the health and wellbeing needs in the local communities, and the other point is about the access to the data? Can you expand on that and then if you wanted to come in, sure, please do.

Alison Frater: There are a number of things about this. The Health and Social Care Act has given us a problem with patient identifiable information to track people. If we are talking about linking across organisations, as we clearly want to do, continuity of care from prison into the community, drug and substance misuse funded by the NHS in the prisons but by CCGs out of the prisons, and engaging with the DAATs in the local authorities, we want to share information across those organisations. We have a bit of a problem with doing that at the moment. We need to find solutions that fit with the current legislation that do not get us all in trouble with the data controller, so that is an issue for us.

The second thing is that we need definitely to use the joint health strategic needs assessments that our local authority DPH colleagues are putting together. My plea to them is: can we have a consistent format for preparing those? I know they need to respond to local need, but could we have an agreed format and some agreed priorities, because I do not want to be having to go to 33 different organisations and say, "Can we have an agreement?" I do not think we are quite there yet with that, but, again, as colleagues said, it is early days.

With Public Health England, we need more technical support. So I suppose, from my perspective, I go back to my original point about resource. This is a very fast-moving agenda in terms of population need, especially in London where we have a big change in the population. This is something we really do need to keep on top of and understand what the predictors of crime are. They change a lot. We need to get into that preventive agenda with the children and families, and how they interact, and new models of understanding of how we can engage with behaviour and change it.

I feel that this is an area where we need a lot of technical support, and my plea to Public Health England would be to double what you have at the moment in order to support this agenda.

Éamonn O'Moore: If I may, certainly, we absolutely agree that data is key because an epidemiological approach and an evidence-based approach will ultimately lead to the best outcomes. We already, as an organisation—PHE—provide a number of data resources to local authorities and others who are interested, including data on violence indicator profiles, on national drug treatment monitoring services, and so on, which allow local authorities, directors of public health and clinical commissioning groups to understand the needs of the local population and some of the issues in the local population, and therefore have an evidence-based way of commissioning that is based on an assessment of need. Alison is absolutely right that, of course, the resource is never ever equal to the challenge, but we have some ways forward.

If I could give a very quick example, just very briefly, one of the big challenges we have often had in the criminal justice estate is that, when people are in prison, they are well looked after. When they leave prison it is a cliff edge. They fall off the system and part of that problem is that they are not captured by data systems, and part of that is the nature of the population but also the way in which data systems capture and use the information. We have a commitment with our partners in NHS England and the National Offender Management Service to ensure that NHS numbers are used for all new prisoners coming into the estate this year. It is simple, but the key is that it will allow us to have a unique identifier to track people through the NHS estate, post-release, and that will inform information about what services are used or not used, and this will give an assessment of how well the services currently commissioned to provide it are meeting need and inform the next commissioning cycle.

Q104 Yasmin Qureshi: I do not know if you are aware of the fact that the Magistrates' Association made an observation that offenders with substance misuse problems often view the criminal justice system as their best way to access treatment. My first question is specific to local authorities and public health. How have the local health authorities approached their new role with respect to the commissioning of alcohol and drug services in this financial year, and to what extent are you working on this with the Police and Crime Commissioners on a shared agenda?

Joanna Spicer: With regard to the first bit of your question about what the magistrates were saying and using the criminal justice system, I think it would help if I could just pick up one thing from Mr de Bois' questions, which is about the importance of community budgets. We have the pilots going and they have proved their point, saving the criminal justice system, whether it is the police, the prison or probation. We want to argue for that, and the magistrates would, I hope, support that because it would allow much more effective funding for the mental health services that local partners are collectively brought into.

Quite specifically about commissioning of drug and alcohol services, it is not quite as new as it might have sounded the way it has been presented, because most local authorities have been very proactive, either as partners or in leading the drug and alcohol action teams—DAATS—and increasingly over the last few years we have been commissioning services. It is

probably a bit early to be sure what the effect of PCCs on some of that is going to be and we are obviously in discussion.

A lot of drug and alcohol commissioning services are now part of public health, which means again an efficiency approach and saving as well. I am fairly confident in the sort of flexibility that is now there through commissioning but building on good practice, because local authorities have been commissioning for many years. We have been commissioning jointly with partners in all sorts of areas. The trouble is, when the partners change their names and sometimes the faces at the table, we have occasionally to take a few steps back and start again. We are in a good place and particularly around the two key things that have come from your questions. One is around reducing crime and reducing reoffending, and, secondly, making do with less money.

Q105 Yasmin Qureshi: I was going to talk about the money aspect of it. Before becoming a Member of Parliament, I practised as a criminal lawyer like my colleague over there on the right-hand side. One thing we always felt was that a lot of our clients had problems linked with drugs or alcohol, which was often causing them to commit crimes. Often, the only way they could access services was going through the criminal justice system. There did not seem to be much available for them to go to, another body that we could send them off to or suggest that they go to.

Under the new proposals, with public health now being devolved down to local authorities directly, are people being made aware of the fact that this is now a service available for them to access, to tap in to help, and not necessarily come to it when they end up in the justice system?

The first question is, what efforts are being made to let people know that there is this other body that you can go to if you have a problem? Secondly, have you been able to estimate in your particular areas what the need is and if there is enough money to satisfy that need?

Éamonn O'Moore: Shall I kick off on the prison side maybe, which is maybe where we can start the journey? The Magistrates' Association's comments in a way were a backhanded compliment to some of the real changes that have gone on in prison-based treatment over the last number of years. That has followed very substantive investment in ensuring that prison-based drug services were improved, were recovery-orientated and were evidence-based. We have seen some really great successes. A third of all treatment referrals are now made from the criminal justice system in the year 2011–12.

More importantly, to address your concerns though, we are very aware that there is a risk that, when people leave the prison estate, they fall off the end of the care pathway. There is work currently with the Ministry of Justice and a DH-funded initiative to work in a way that is called "through the gate"—in other words, doing exactly what you are describing, which is to ensure that, when people are being prepared for discharge, their total health needs are understood and, in order to ensure continuity of care, all efforts are made to ensure that that follow-up happens.

New data will come from the national drug treatment and monitoring system, which will allow us to track that journey more effectively so that we can tell if the services commissioned and provided in communities are meeting that need. We are a little way off having the baseline for that just yet. It will be June 2014, I understand. However, even now, an independent evaluation of the integrated drug treatment and management system in prison found that two fifths of surveyed prisoners had some form of aftercare support or treatment for a drug problem arranged on release. That is not the level we would like to be at ideally, but it does give an indicative level of the sort of care that people are accessing in the

community that is the subject of your question. That is the start of the journey into that answer.

Claire Kober: There is also something to be said about the responsibility of health and wellbeing boards in terms of developing joint strategic needs assessments so that there is an evidence base as to what needs to be delivered in terms of strategies, what funding needs to sit behind particular priorities—and the flexibility to conduct those on a local basis, dependent on local needs, is going to be critical. A lot of this has not yet come to fruition because these are in their relative infancy, but the potential for the future I would argue is great.

Q106 Yasmin Qureshi: Are they looking not just at those who come into the criminal justice system or come out of it at the other end, but also those who have not started their journey and who have these problems, and if they do not get intervention or help they will end up in the criminal justice system, so catching them at the beginning before they fall into it?

Alison Frater: The evidence and the integrated drug treatment system that Éamonn has talked about is excellent and it shows a reduction in drug-related death, but it is not showing as necessarily a reduction in drug-related crime. That is something where we need to begin to redouble our efforts. For me, the third sector—the voluntary sector—is very important in this. In our commissioning models and thinking about how we do that investment across the piece, we need to make sure that we engage in people, both directly so that there is very good engagement with the voluntary sector but also at every level. Within our mental health liaison diversion schemes, where we are trying to prevent people ending up in custody or the whole section 136 issue, we could start to build the resilience by engaging with drug and substance misuse workers in those schemes, and we are starting to do that, and also with alcohol, because we could plug people back into these services and put them in. We probably need to develop a framework with our probation colleagues, and, indeed, we are doing that so that these become part of a regular pattern for rehabilitation. There is promise here but there is certainly work to do.

Chair: We do have to move on because of pressure of time.

Q107 Mr Llwyd: Dr O'Moore, you have given us the soundbite of the session, I know unintentionally, as you are not a politician. You said, "Health is part of the problem and part of the solution." The Centre for Mental Health estimates that at least 39% of the offenders currently supervised by probation services have mental health problems, and, by contrast, just 1% of community sentences include a mental health element. To what extent do existing services meet levels of demand for mental health treatment for those involved in the criminal justice system or who are at risk of becoming part of it?

Can I ask you a second question? What role will Public Health England play in seeking to ensure that there is sufficient access to mental health services to offenders on those community sentences?

Éamonn O'Moore: Thank you very much. There is no doubt that the level of need among people under supervision by probation services, as you mentioned, is great. What is interesting is how little well understood that need is, and we in Public Health England have recently been doing some work with the National Offender Management Service to ensure that probation services undertake effective health needs assessments of their client group. That is part of the start of the journey of ensuring that they are appropriately referred to care services in the community. One of the opportunities that we have with contact with the probation services is that it is a structured and supervised contact, and its health potential is probably underexploited at the moment. There are opportunities in some of the changes

coming in that system to look at the opportunity that working with clients in a structured way and being a gateway to health services might bring.

NHS England—I am sure Alison can talk to this—is also doing an amount of work to look at how health care is commissioned right across the whole care pathway, and there is a significant amount of work to be done there. Public Health England will be collecting data on some aspects of contact with mental health services, but we are not a monitoring or performance-monitoring organisation. We will help to ensure that partners at a local level understand the level of need, involving health needs assessment to understand whether services are meeting those needs and perhaps how commissioning could be more effective in meeting those identified needs. That, I hope, explains some of the ways in which we will be helping local partners understand and meet need among people attending probation services in the community.

Q108 Mr Llwyd: Do we not have a massive capacity problem here? Dr Frater, magistrates are often frustrated by having few options to deal appropriately with these people before the courts. Mental health services are a huge problem and have been a problem for many years now. What can the NHS Commissioning Board do about this, having assumed responsibility for it?

Alison Frater: We have to accept that across the board there are problems. We do not have the effective models of care. We do not know often what works, so there is an issue there. Yes, services are pressed, and so back to the issue that we tend to focus our investment on severe and enduring mental illness or people with acute exacerbations of their mental illness. It is crisis resolution and crisis intervention, rather than investing in models of care that we are uncertain about, which might be about anxiety and depression but could, as Joanna was pointing out, be a pathway to something else. We have to put our hands up and say, yes, of course this is an area where there ought to be renewed, reinvigorated approaches and probably where we are not meeting need. We do need to address that.

Having said that, I do think these issues are problems whose time has come and that there is a quite a lot of opportunity in the new system to begin to address them. For example, in the NHS Urgent Care Review at the moment and with the NHS Constitution giving parity of esteem to people with mental and physical health problems, within the Urgent Care Review there is a big stream of work that is looking at how we can work with vulnerable, mentally ill people in crisis in that context, who are in contact with the criminal justice system, to begin to address models of care and thinking about how we can do some more work in prevention.

In our prisons, we are making sure that all our primary care teams have skills in mental health. We are trying to increase resilience and capacity for the management of minor mental illness in that context because we know everybody in prison has anxiety and depression. There is quite a lot of work going on to try to address these issues, but, yes, it is a problem and we need to make sure we prioritise it.

Mr Llwyd: Without sinking into political hyperbole, it is a massive problem. I would say that, coupled with the line of questioning from my friend Ms Qureshi, either we get to grips with drug and alcohol and mental health, or we just pack up because it is not going to work. This problem is as big as that, is it not?

Chair: Nobody dissents, which enables me to go to Mr Brine for a final point.

Q109 Steve Brine: That is a very good idea. This is probably because we are running out of time, so I suppose I might just be quite discriminatory and point this towards Councillor Spicer with her LGA hat on. Looking at the Government's "Transforming Rehabilitation" reforms, I know you support the extension of statutory supervision to offenders on short-term sentences, which from my point of view is good to hear. Can I just

ask you then—putting your boot on the other foot—what are the relative merits of the Government's reforms to doing that through national contracts, as opposed to through a local contract, which I know you support?

Joanna Spicer: The relative merit is that the Government are bringing forward the changes anyway, so that is to be welcomed. The Police and Crime Commissioners mostly made the point, too, that to get a more local model enables us to build on the new local health services, obviously the PCCs, but also the clinical commissioning groups. We do not have perfect boundary arrangements throughout England and Wales, but a national model really would not enable the influences of the community safety partnerships and the PCCs. We have touched on and off around money during the discussions. Again, we are all accepting that there is not going to be lots of new money—don't worry—and we are all looking at the community budget approach. If we could have influence over the local commissioning for rehabilitation services, that is yet another tool that we could use to make local money go further—through a pooled budget, a joined-up approach or a joint action plan, or whichever way. With regard to national commissioning, we can see the attractions to Government of one big picture and one bit of efficiency, but we just do not believe it will be as effective.

Q110 Steve Brine: The Government's rationale is greater efficiencies, but I just wonder what piece of work is being done, because the door has been open. They said, did they not, that there may be potential over time for other public bodies, such as local authorities, to take responsibility for probation services?

Joanna Spicer: Would you let me just say that efficiencies come in many ways? They are not just cash. One of the things that we are very keen to convey to your Committee is the value of preventing crime and preventing the effects of crime in the first place.

Q111 Chair: We need no persuasion on that.

Joanna Spicer: Sorry?

Chair: We need no persuasion on that. That is a theme of ours.

Joanna Spicer: That is the whole thread through. If we want to save money, we could save it at the starting point, which is all sorts of things around housing or safer streets and licensing and things. The drivers for efficiency should not just be a commissioning model but they need to be all the way down the line.

Q112 Steve Brine: Dr O'Moore, you are looking at me as if you have something to say. Go for it.

Éamonn O'Moore: If it is okay.

Steve Brine: Yes.

Éamonn O'Moore: I would not like to leave the room with words ringing in your ears that there was no evidence of the effectiveness of intervention and drug treatment on reducing criminality, because, in fact, recent work has estimated that drug treatment prevented 4.9 million offences in 2010–11, saving approximately £960 million. We know the annual cost of drug-related crime is £13.9 billion, so it is just apropos efficiencies in saving money. This stuff works, it works really well and we need to do it better.

Chair: Thank you for putting that on record and thank you, all four of you, for your help today. It is much appreciated.